Prudential Insurance Case Review

Date:	3/2/03	Claim #:	[redacted]
Name:	[redacted]	DOB:	5/8/70
Referred by:	[redacted]	LDW:	1/22/99
Job Title:	assoc attorney	Job Class:	light
Occ Status:	own occ		

Dx: CFS
Issue: impairment after 5/31/02

Case History:

EE delivered a child on or about 6/2/01.

Dr. Ballon-Landa (ID) performed an IME 9/15/99. EE reported getting sick in 11/98 and having a positive monospot. She was dx'd w/ CFS by Dr. Gardner (ID) in 2/99. EE reported an episode of job stress at about the time that her chronic fatigue started. EE reported that she was not anxious or depressed, but cried in his office. EE reported cognitive problems, sore throats, exhaustion, tender lymph nodes in the neck, severe headaches, and unrefreshing sleep. On exam, there was shoddy cervical and submandibular lymphadenopathy with the remainder of the exam unremarkable. He felt that she was TD from her own occupation based on her self-reports.

Dr. Gilman (IM) wrote an OVN 7/10/00 which stated that EE had chronic headaches and CFS. He noted that EE was taking Vicodin four times per day. On exam, there were trapezius trigger points. He filled out an APS 9/5/00 (and on other earlier occasions) which stated that EE stopped working due to extreme fatigue, recurrent headache, and decreased ability to concentration. He stated that there ad been little change in her sx. His impression was CFS. He stated that EE was chronically on narcotics. His OVN of 7/6/01 stated that EE was post-partook x 5 weeks. EE reported that her headaches ad increased in frequency and wanted to begin Vicodin. He recommended pool exercise. He filled out a form 8/15/01 which stated that he felt that EE could not work based on EE's self-reported complaints of increased head and neck pain w/ exertion. He stated that EE's pain also interfered w/ prolonged reading, concentration, or study. His OVN of 9/28/01 stated that EE was planning to move to Florida w/ her son and husband, who also was not working. EE reported that her sx had not improved since delivery. EE was taking Vicodin and ibuprofen. EE reported that she could drive, did light shopping, and used a seat for food preparation. She reported headaches and back aches. The exam was WNL. He recommended that she begin home graded exercise and cognitive therapy. He also recommended that EE consider other employment options.

Dr. Vacker (FP) wrote a letter 9/16/02 which stated that EE was being seen there since 1/11/02 for complaints of chronic fatigue, difficulty concentrating, migraines, and sore throat. He felt that she had CFS and was incapable of working.

EE wrote a lengthy, erudite explanation of her sx with excellent grammar and punctuation. It demonstrated a high level of cognitive functioning.

Bloodwork done 8/5/02 was unremarkable.

Video surveillance was conducted on 12/17/01, 12/18/01, and 12/19/01. The tapes were not available for my review. According to the report, EE was riding as a passenger, driving, walking, carrying and holding an infant, lifting an infant, picking up and carrying items, bending over at the waist, sitting, lifting a collapsed stroller and placing it into the trunk of her vehicle, taking out the trash, retrieving her mail, shaking out a bed sheet outside, carrying a bucket, and conversing on a portable telephone.

Comments:

EE carries a dx of CFS, a diagnosis of exclusion based primarily on self-reported complaints. Oddly, even though EE identified work stress at the onset of her sx and was noted to by crying by Dr. Ballon-Landa, a psychiatric cause for EE's sx was not pursued. Since EE's fatigue, sleep disturbances, chronic pain, and other sx can all be explained on a psychiatric basis without invoking the specter of "chronic fatigue syndrome", it is perplexing that she does not appear to have been referred for a mental health evaluation, a required part of the exclusionary process for the dx of CFS. The dx of CFS as a physical entity is not universally accepted in the medical community, and it is often ascribed to psychiatric causes. It is also odd that despite EE's sleep complaints, no sleep evaluation and polysomnogram were documented as having been done. Given that sleep deprivation can cause many of the sx EE is experiencing, and many sleep disorders are treatable, this omission is puzzling. EE c/o chronic headaches and was chronically on narcotics containing analgesics, yet the obvious explanation of rebound headaches was not apparently explored. This is surprising given that this has been documented to be the most common cause of chronic daily headaches. No office notes past 2001 were in this record, but Dr. Vacker wrote on 9/16/02 that EE was TD. No objective support for this conclusion was documented. All the providers in this record clearly based their opinions of EE's work capacity solely on EE's self-reported sx, not on any objective testing. The video surveillance identified a higher level of functioning than EE admitted to. Dr. Gilman recommended cognitive therapy, but there was no evidence in this record that EE received this therapy, which has documented efficacy in somatic syndromes such as CFS. Likewise, there was no evidence that EE participated in any conditioning programs, though there was no actual physical evidence of deconditioning documented in this record.

CFS is not necessarily, in and of itself, a disabling disorder, and many people who carry this dx are able to work. The literature suggests, in fact, that people who carry this dx overall do much better when they continue to work and stay active in life than when they stay home to "rest", which has not proved to be a useful treatment modality. While EE may have many somatic complaints, there is a paucity of evidence in this record of any actual objectively determined findings which would, separately or in combination, support any specific physical impairment.

Recommendations:

No physical impairment was objectively documented in this record which would have precluded EE from RTW, FT, own or any occupation, no restrictions or limitations, after 5/31/02 or prior in the claim period.

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